

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)
RECEIVED
OCT 01 2015

Permit #:	15-0399
Date:	10-14-15
Amount Paid:	\$1100
Refund:	10-14-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

BAYFIELD CO. Zoning Dept

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVATE ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name:	Jones & Wendel Breuer			Mailing Address:	10861 Mount Curve Rd Eden Prairie MN 55347			Telephone:			
Address of Property:	Two Bay Rd Lot 4 CSM 1360			City/State/Zip:	Barnes WI			Cell Phone:	612-941-3238		
Contractor:	Artisan Restoration			Contractor Phone:	507-469-0474			Plumber:	Plumbing & Heating 715-698-0795		
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership)								
	1/4, 1/4	Gov't Lot 2	Lot(s) 4	CSM 1360	Vol & Page 8-179	Lot(s) No.	Block(s) No.	Subdivision:	Volume	Page(s)	
Section 16, Township 44 N, Range 9 W	Town of: Barnes										

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If yes---continue -->	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If yes---continue -->	Distance Structure is from Shoreline: 95 feet		

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$224,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Sewer
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 27' 6"	Width: 47' 3"	Height: 22'
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with Loft	()	()
	<input type="checkbox"/> with a Porch	()	()
	<input type="checkbox"/> with (2 nd) Deck	()	()
	<input type="checkbox"/> with a Deck	()	()
	<input type="checkbox"/> with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	()
	<input type="checkbox"/> Mobile Home (manufactured date) _____	()	()
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	()	()
	<input type="checkbox"/> Accessory Building (specify) _____	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	()
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	()	()
OCT 14 2015	<input type="checkbox"/> Conditional Use: (explain) _____	()	()
Secretarial Staff	<input type="checkbox"/> Other: (explain) _____	()	()

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date 9.29.15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Attach

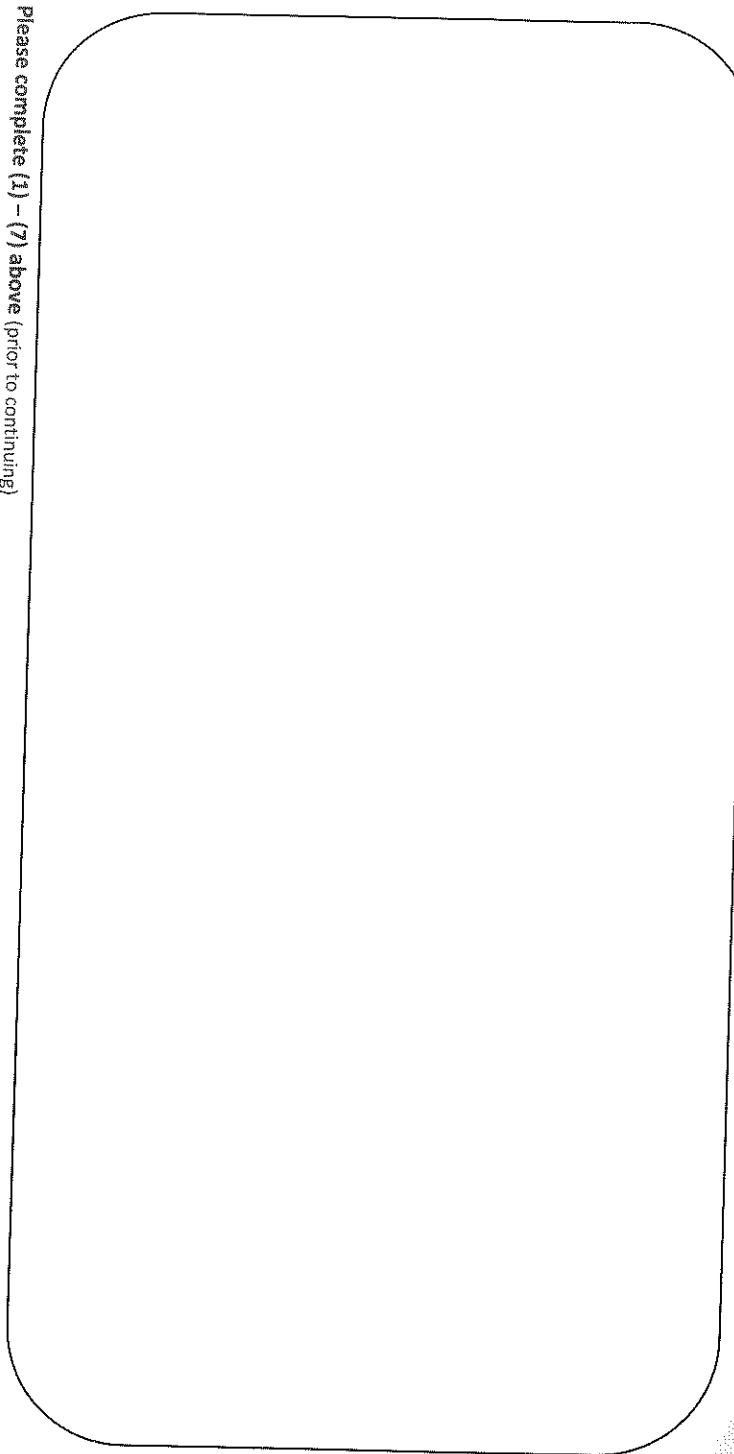
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: **North (N)** on Plot Plan
(3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
(4) Show: **All Existing Structures on your Property**
(5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
(6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
(7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	15' 9"	Setback from the Lake (ordinary high-water mark)	9' 5"
Setback from the Established Right-of-Way	-	Setback from the River, Stream, Creek	-
Setback from the North Lot Line	46'	Setback from the Bank or Bluff	-
Setback from the South Lot Line	105'	Setback from Wetland	-
Setback from the West Lot Line	105'	20% Slope Area on Property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	62' 35"	Elevation of Floodplain	-
Setback to Septic Tank or Holding Tank	10'	Setback to Well	50'
Setback to Drain Field	65'		
Setback to Privy (Portable, Composting)	-		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance If Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>15-1315</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>10-14-15</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>15-0399</u>	Permit Date: <u>10-15-14</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
Date of Inspection: <u>10/9</u>	Inspected by: <u>ATenckly</u>	Zoning District: <u>(R1)</u>		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
<u>Must set up NO Permit</u>						
<u>Must Mainframe Reseal Setbacks.</u>						
Signature of Inspector: <u>ATenckly</u>						
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>10/12/15</u>		

MAP OF SURVEY

LOT 4 OF BAYFIELD COUNTY CERTIFIED SURVEY MAP NO. 1360,
RECORDED IN VOLUME 8 OF CSM ON PAGES 179 AND 180 AND
LOCATED IN GOVERNMENT LOT 2 OF SECTION 16, T. 44 N.,
R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN

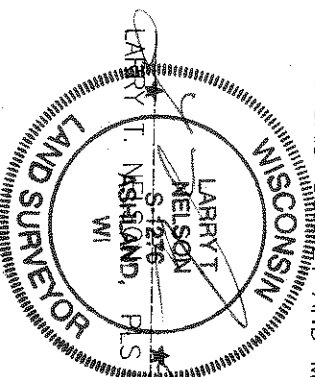
SURVEYOR'S CERTIFICATE

I, LARRY T. NELSON, PROFESSIONAL LAND SURVEYOR IN THE STATE OF WISCONSIN, HEREBY CERTIFY:

THAT ON THE ORDER OF JAMES BREUER, I HAVE MADE A TOPOGRAPHIC AND BOUNDARY SURVEY OF
LOT 4 OF BAYFIELD COUNTY CERTIFIED SURVEY NO. 1360, LOCATED IN GOVERNMENT LOT 2 OF
SECTION 21, T. 44 N., R. 9 W., IN THE TOWN OF BARNES, BAYFIELD COUNTY, WISCONSIN;

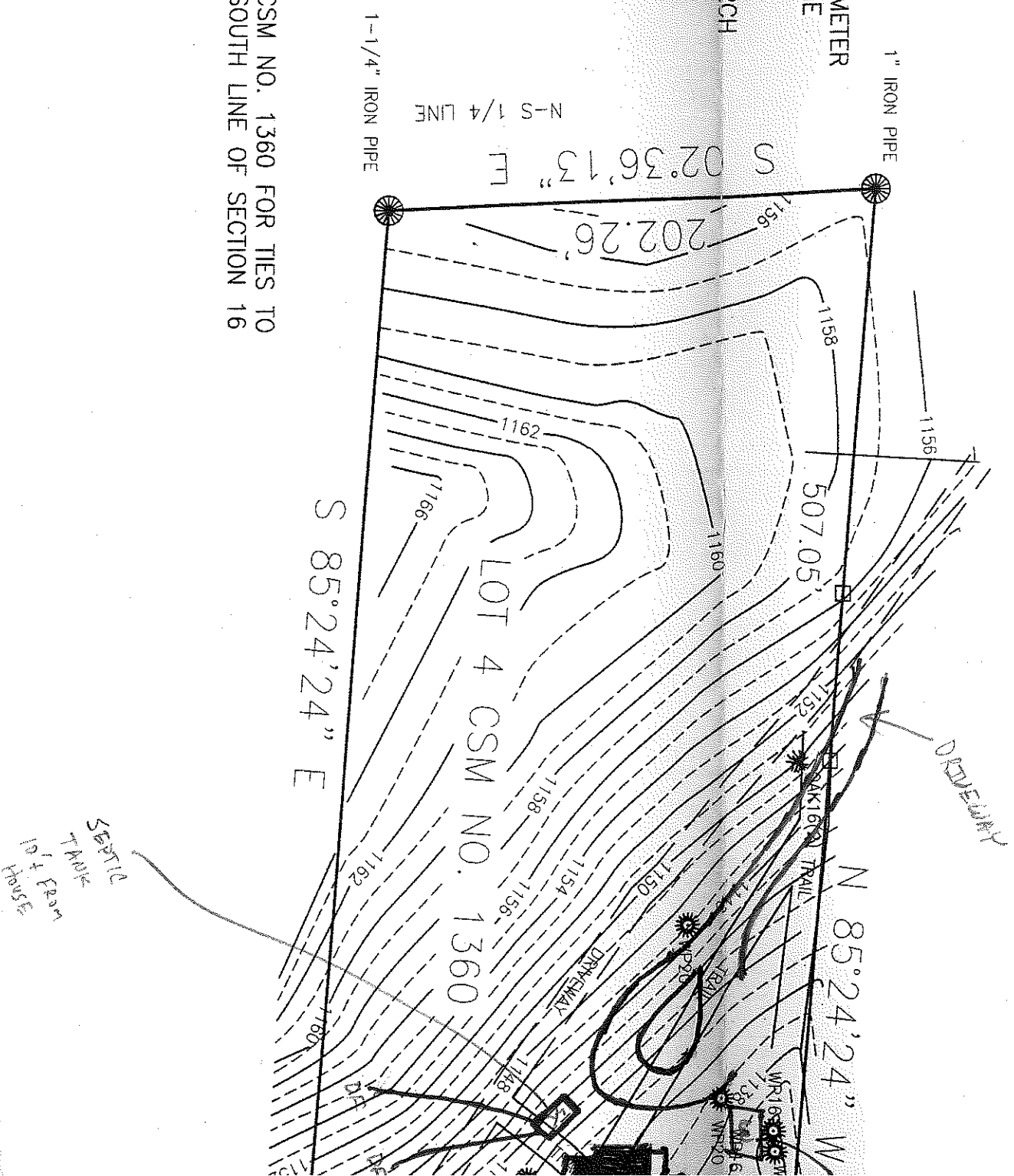
THAT THIS MAP IS A TRUE REPRESENTATION OF SAID SURVEY; AND

THAT SAID SURVEY AND MAP ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.



TREE KEY
SPECIES/APPX. DIAMETER
WP - WHITE PINE
RP - RED PINE
OAK - OAK
WB - WHITE BIRCH
ASP - ASPEN
MAP - MAPLE

SEE CSM NO. 1360 FOR TIES TO
THE SOUTH LINE OF SECTION 16



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Washburn, WI 54891
(715) 373-6138

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DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (Received)
09 09 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0400
Date: 10-14-15
Amount Paid: \$90
Refund: 10-14-15

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:				City/State/Zip:		Telephone:
Roger A Meixner		N9573 ST RD				COLEMAN WIS 54730		715-945-3440
Address of Property: 51565 Pease Rd. #		City/State/Zip:				Barnes WI		Cell Phone:
Contractor: Ben Danvelle		Contractor Phone: 498-0156				Plumber: Edwards		715-556-8598
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:				Agent Mailing Address (include City/State/Zip):		Plumber Phone: 409-220-9144
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Written Authorization Attached
SE 1/4, NW 1/4		Gov't Lot		Lot(s)		Vol & Page		Yes <input type="checkbox"/> No <input type="checkbox"/>
				CSM		Block(s) No.		
				309		120		
Section 1, Township 44 N, Range 9 W		Town of: Barnes		Lot Size 353.00		Acreage 5.010		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →		Distance Structure is from Shoreline: feet				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$30,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	42	28	12

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input checked="" type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify)	() X ()	
	Accessory Building (specify) Garage w/ Screen Room & Brewery	(42 X 28)	1176
	Accessory Building Addition/Alteration (specify)	() X ()	
Sec'd for Issuance	Special Use: (explain)	() X ()	
	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	
OCT 12 2015			

Secretarial Staff
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
(the applicant is responsible for the detail and accuracy of all information provided and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information.) I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Roger A Meixner
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 10-5-2015

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit N9573 ST. RD. 25 COLEMAN WIS 54730 Attach
8/13/15 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE
Service on 8/15

Due Fee Service

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N)** on Plot Plan
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road** (Name Frontage Road)
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	75'± Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	200 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	76 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	420± Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	730± Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

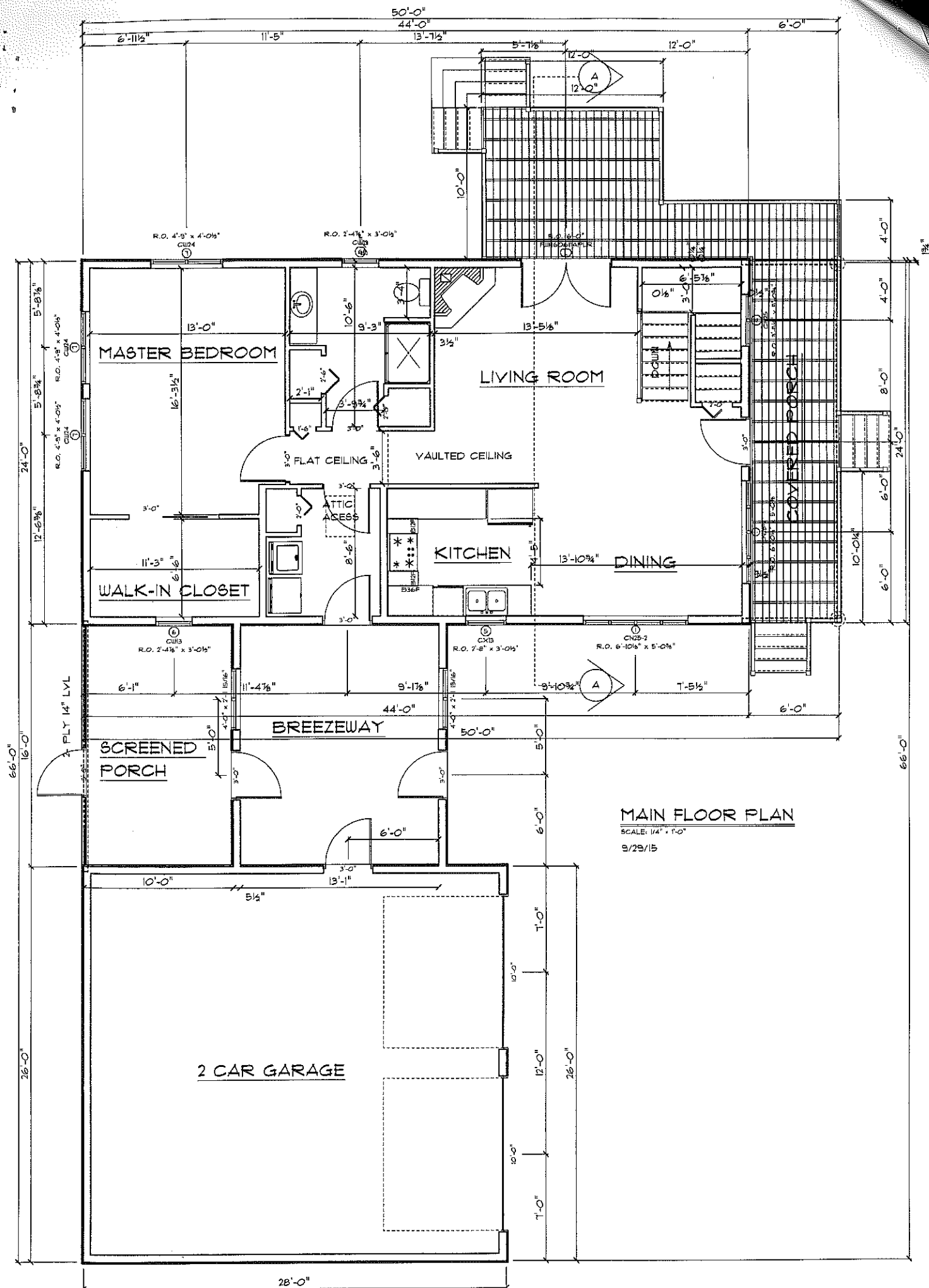
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>389551</u>	# of bedrooms:	Sanitary Date: <u>1102</u>			
Permit Denied (Date):	Reason for Denial:						
Permit #: <u>15-0406</u>	Permit Date: <u>10-14-15</u>						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record) (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously/Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: <u>Stakes & Ready</u>							
Date of Inspection: <u>10/8/15</u>	Inspected by: <u>globoch</u>						
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached.)							
Signature of Inspector: <u>globoch</u>							
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				
Date of Approval: <u>10/14/15</u>							

OK to start -
garage not for human habitation



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
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APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Submitted (Received)
OCT - 4 2015

Permit #: 15-0401
Date: 10-14-15
Amount Paid: \$175
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Bayfield Co. Zoning Dept.

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TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER									
Owner's Name: David H. Betasky		Mailing Address: 220 17 th St South La Crosse WI 54601		City/State/Zip:		Telephone:											
Address of Property: 50765 Peninsula Rd.		City/State/Zip: Barnes WI 54873		Cell Phone: 608-304-1373													
Contractor: Dave Christensen Const.		Contractor Phone: 715-795-2358		Plumber: 715-977-0915		Plumber Phone:											
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Dave Christensen Const.		Agent Phone: 715-795-2358		Agent Mailing Address (include City/State/Zip): 50765 Peninsula Rd Barnes WI 54873		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 09-2-44-09-09-100-172-13100		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____											
<input checked="" type="checkbox"/> 1/4, _____ 1/4		Gov't Lot	5	Lot(s)	193	CSM	1722	Vol & Page	10, 144	Lot(s) No.	0112+3	Block(s) No.	2	Subdivision: 600 Claire Lakes Park Sub. Lot 1	Lot Size	Acres	4.990
Section 9, Township 44 N, Range 9 W		Town of: Barnes															

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain?	<input type="checkbox"/> If Yes---continue →	Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	<input type="checkbox"/> If Yes---continue →	Distance Structure is from Shoreline: 296 feet				
<input type="checkbox"/> Non-Shoreland							

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$7500.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>with septic</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 22' deep	Height: 9'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X)	
	Mobile Home (manufactured date)	() X)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Carport</u>	(24' X 22')	528
	<input type="checkbox"/> Accessory Building (specify) _____	() X)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	() X)	
	Special Use: (explain) _____	() X)	
	Conditional Use: (explain) _____	() X)	
	Other: (explain) _____	() X)	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

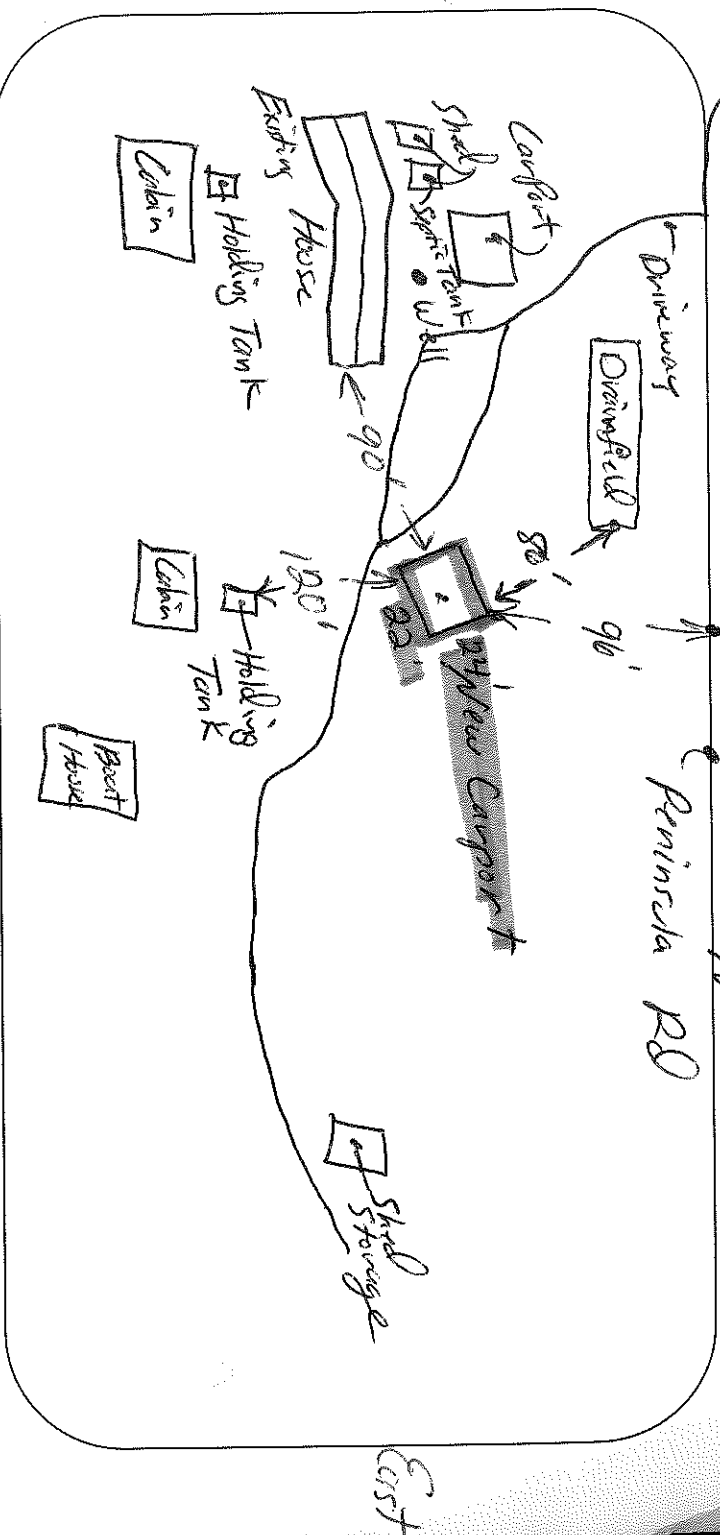
Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Dave Christensen Const. Shelly Christensen Date 10-5-15
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 52685 Lake Rd Barnes WI 54873

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (**) Driveway and (**) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (**) Well (W); (**) Septic Tank (ST); (**) Drain Field (DF); (**) Holding Tank (HT) and/or (**) Privy (P)
- (6) Show any (*): (**) Lake; (**) River; (**) Stream/Creek; or (**) Pond
- (7) Show any (*): (**) Wetlands; or (**) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	96' Feet	Setback from the Lake (ordinary high-water mark)	445' Feet
Setback from the Established Right-of-Way	70' Feet	Setback from the River, Stream, Creek	238' Feet
Setback from the North Lot Line	80' Feet	Setback from the Bank or Bluff	238' Feet
Setback from the South Lot Line	238' Feet	Setback from Wetland	238' Feet
Setback from the West Lot Line	238' Feet	20% Slope Area on property	Yes
Setback from the East Lot Line	238' Feet	Elevation of Floodplain	Yes
Setback to Septic Tank or Holding Tank	205' Feet	Setback to Well	145' Feet
Setback to Drain Field	86' Feet		
Setback to Privy (Portable, Composting)	86' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 15-0401		Permit Date: 10-14-15			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Attached	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District ()			
Date of Inspection: 10-6-15		Inspected by: J. Gentry		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification ()			
Signature of Inspector: J. Gentry		Date of Approval: 10-14-15			
Hold For Sanitary: <input type="checkbox"/> Hold For TB: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>			